

Name
in
Full

Mary A. Godfrey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Baptized Died at		Town	County				
Date of death	Month	Day	Years	Months	Days		
1909	May	1	34	2	14		
Sex	Female	Color or Race	White	Birth- place	Md.		
Occupation	Housewife					Where Residing if not at place of death	
Married, Single Widowed	Name of Wife or Husband		Mrs. C. Godfrey				
Father's Name	Luisa or Holloway		Father's Birthplace			don't know	
Mother's Maiden Name	Sarah Holloway		Mother's Birthplace			don't know	
Name of person giving Information	Mrs. Godfrey		How related to deceased			Husband	

CAUSES OF DEATH

Primary

Logriss

(10)

How long

3 weeks

Immediate

Heart Failure

2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

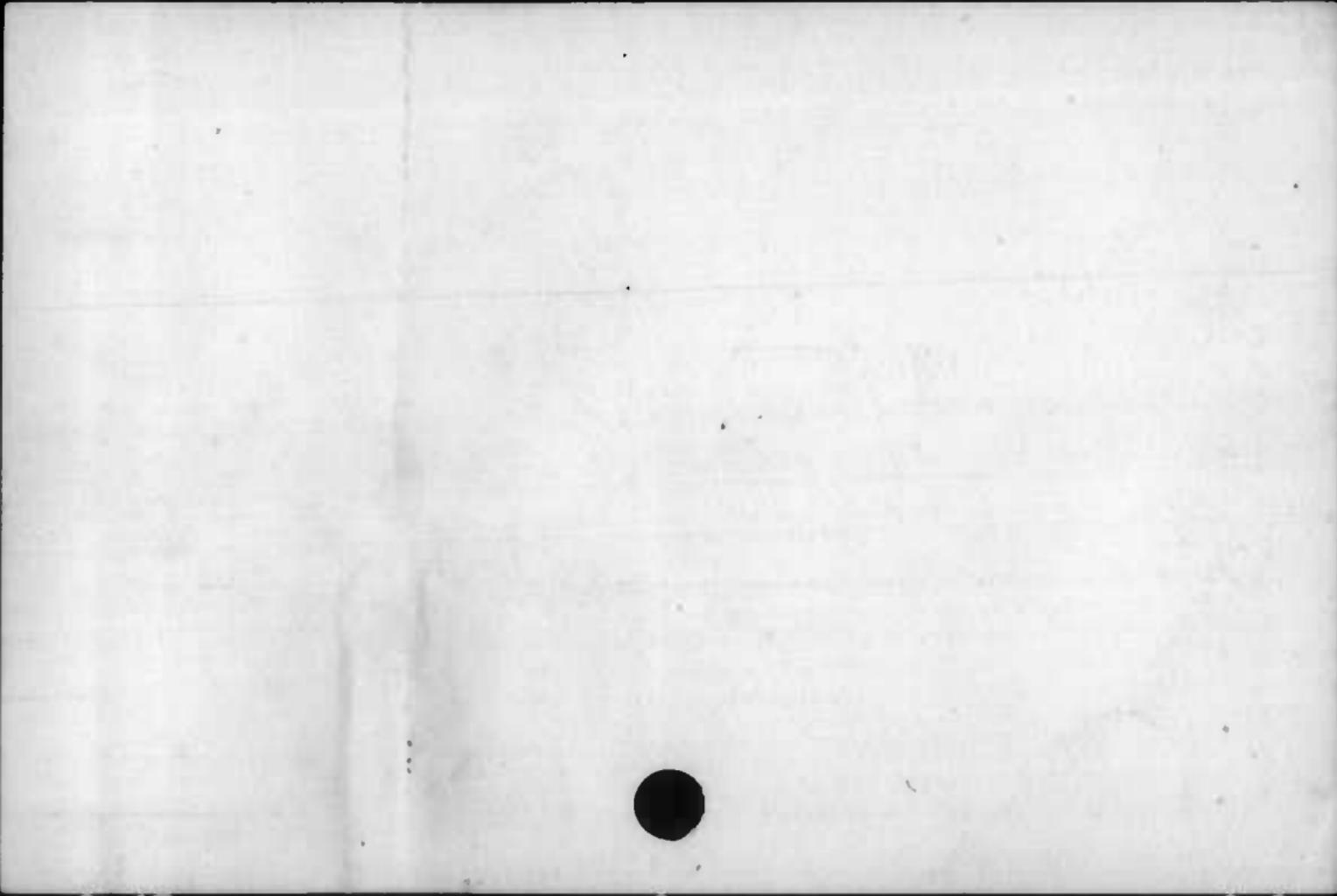
Address

John L. Riley
Snow Hill
Md.

PHYSICIAN
OR CORONER

Dr. R.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant child of Elmone Gray,
Died at Newark, County Worcester

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	Month	Day	Years	Month	Days
Date of death	1909	May	9	Age	—	4
Sex	male	Color or Race	white	Birth-place	Maryland	
Occupation						Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Elmone Gray

Father's Birthplace

Maryland

Mother's Maiden Name

Ida Harris

Mother's Birthplace

Maryland

Name of person giving Information

George Gray

How related to deceased

Friend Father

CAUSES OF DEATH

Primary

Macassars

179

How long

3 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

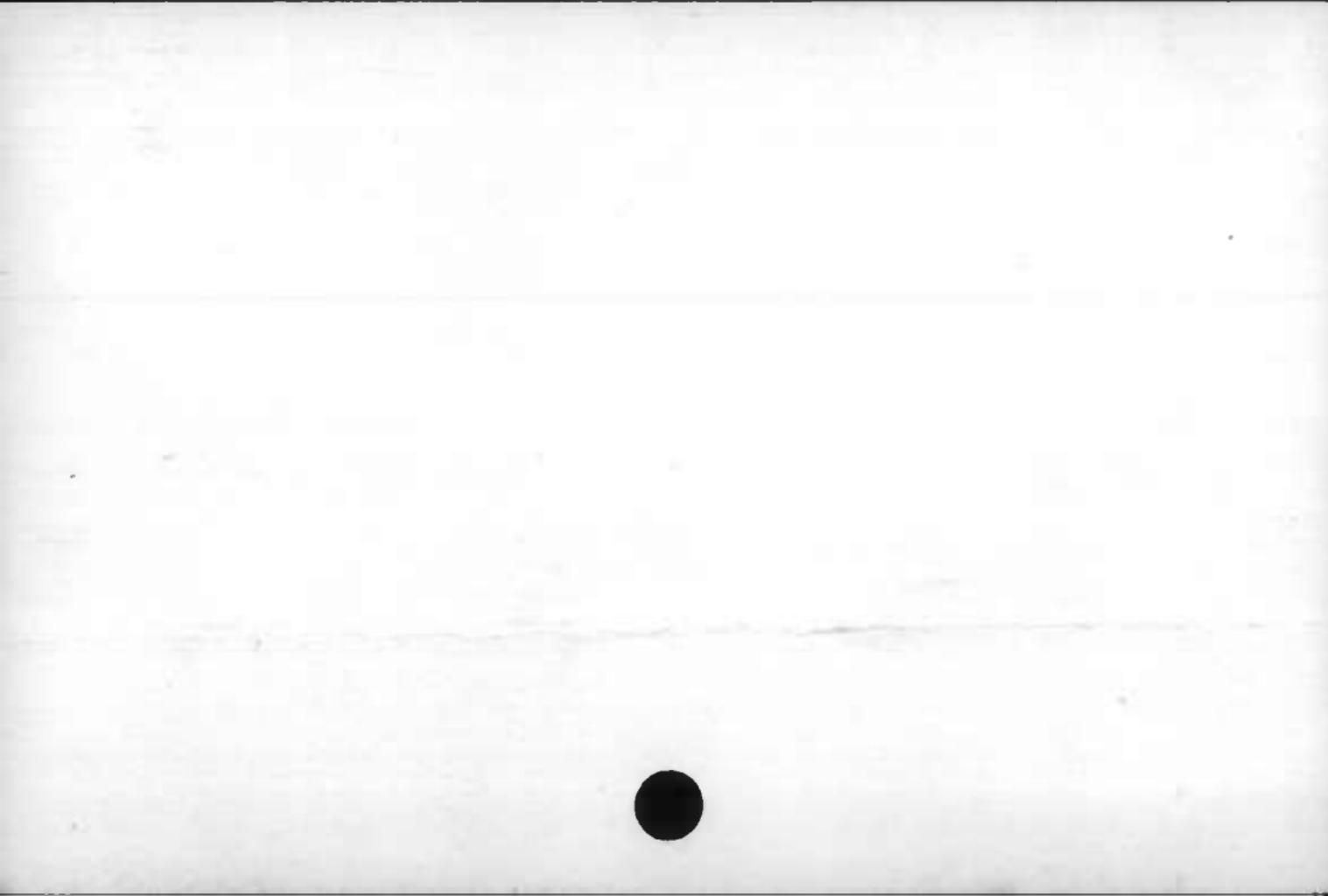
Yes

Signature of Physician

Address

John L. Coker
Second Floor
Md

Accident or Suicide



Name
in
Full

Griffith Sunley +
1970 CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Age	Months	Days
Occupation	Color or Race	Birth-place	
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	unknown	Father's Birthplace	don't know
Mother's Maiden Name	Emma Sunley	Mother's Birthplace	Worchester
Name of person giving Information	William Sunley	How related to deceased	Sr Father

CAUSES OF DEATH

93

Primary

Pneumonia

Immediate

Exhaustion

How long

2 weeks

How long

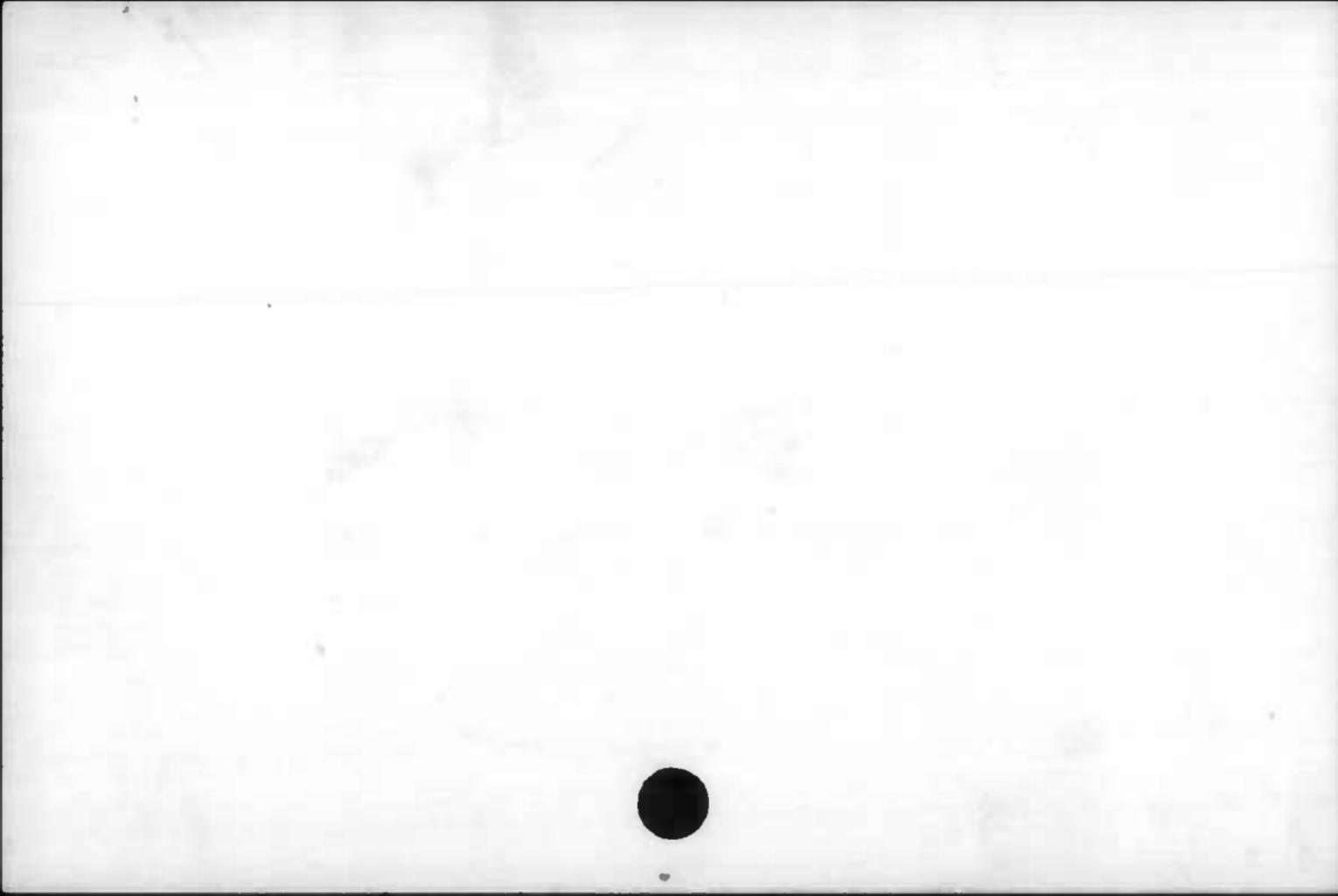
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name		unnamed		Long		+		164	CERTIFICATE OF DEATH
Town	County								
Died at	Pocomoke City	Month	May	Day	4	Years		Months	Days
Date of death	1909	Age	still Born						
Sex	Female	Color or Race	Colored			Birth- place	Pocomoke City		
Occupation	infant		Where Residing if not at place of death				"	"	"

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John E Long

Father's
Birthplace

Monster Co

Mother's
Maiden Name

Ella Larkford

Mother's
Birthplace

" " "

Name of person giving
Information

Jno E Long

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

8

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

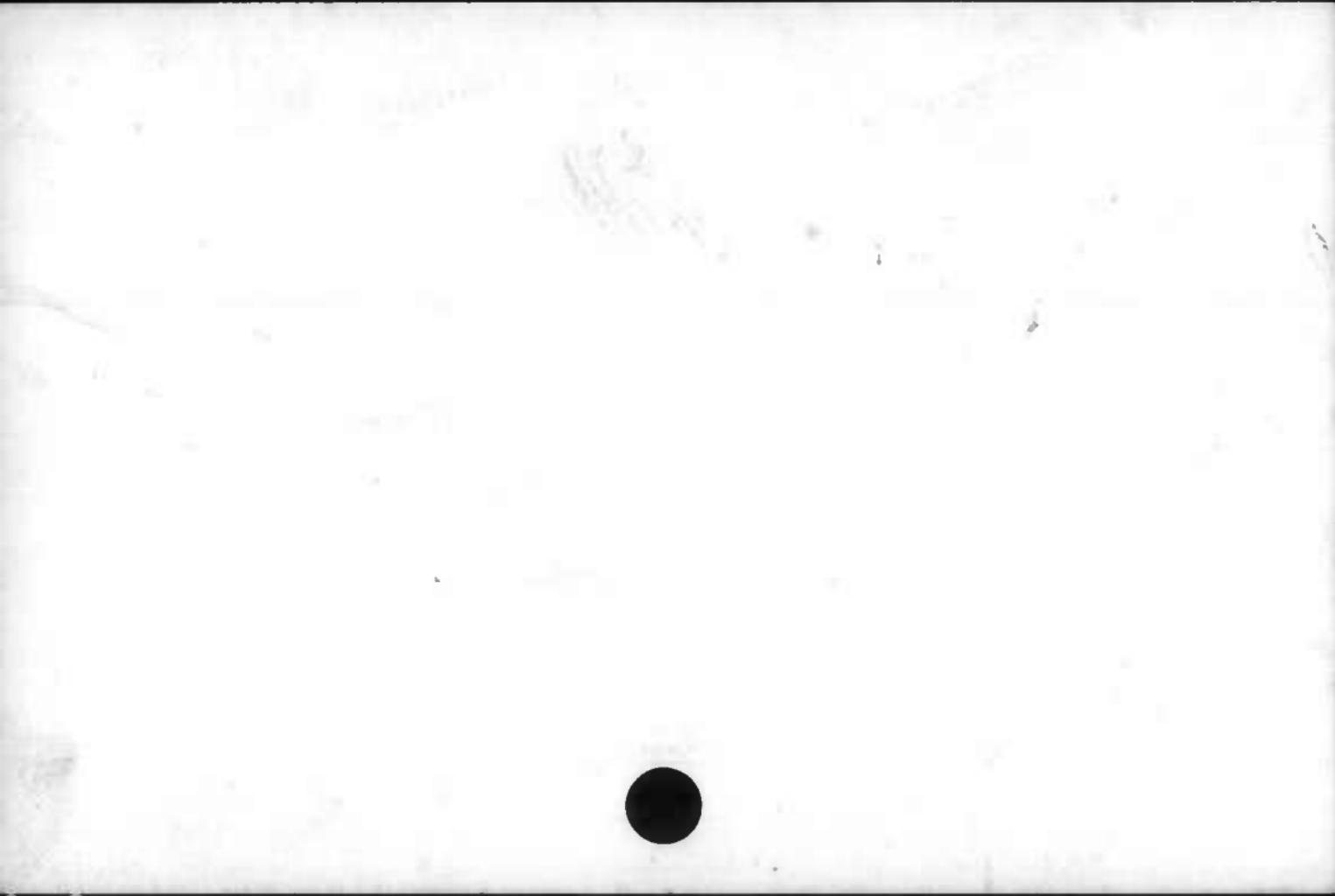
Yes

Signature of
Physician

Address

Sam S Guyer
Pocomoke City MD

Accident or Suicide



Name
in
Full

Sarah Long

177

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month May	Age 70	Years	Months	Days
Sex Female	Color or Race White	Birth-place Somersby Long nd			
Occupation Housewife	Where Residing if not at place of death Whitby				
Married, Single or Widowed married	Name of Wife or Husband George Long	Father's Name George Gibbons	Father's Birthplace Don't know		
Mother's Maiden Name Mary Mc Daniel	Mary Mc Daniel	Mother's Birthplace Dr. don't know			
Name of person giving information George Gibbons	Now related to deceased Brother	(21)			
CAUSES OF DEATH					
Primary	Tuberculosis (Pulmonary)			How long	3 yrs
Immediate				How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

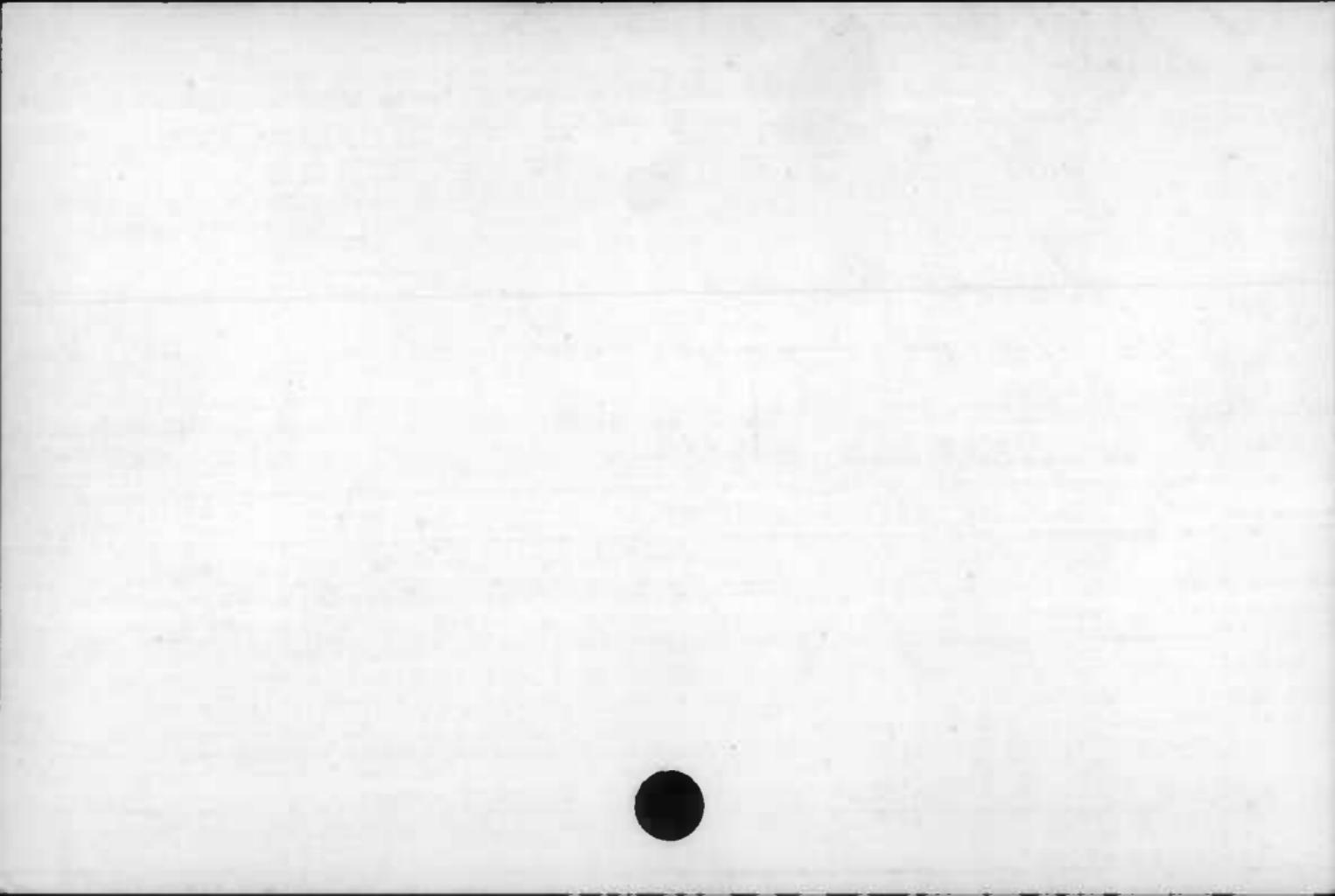
Signature of Physician

Address

Lane Jones,
Snow Hill

MD

Accident or Suicide?



Name
in
Full

Sally M. Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Taylorville Worcester

Date of death

Month

Day

Year

1909 May 30

Age 51

Montha

Days

Sex

Female

Color or
Rece

White

Birth-
place

Ironshtire Md.

Occupation

House Keeper

Where Reiding if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Huabnd

J.H. Lynch

Fether's
Name

Wm Clark

Fether's
Birthpiece

Unknown

Mother's
Malden Name

Martha, Mullin

Mother's
Birthpiece

Unknown

Name of person giving
Information

J.H. Lynch

How related
to deceased

Husband,

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage
traution

64

How long

Immediate

several months

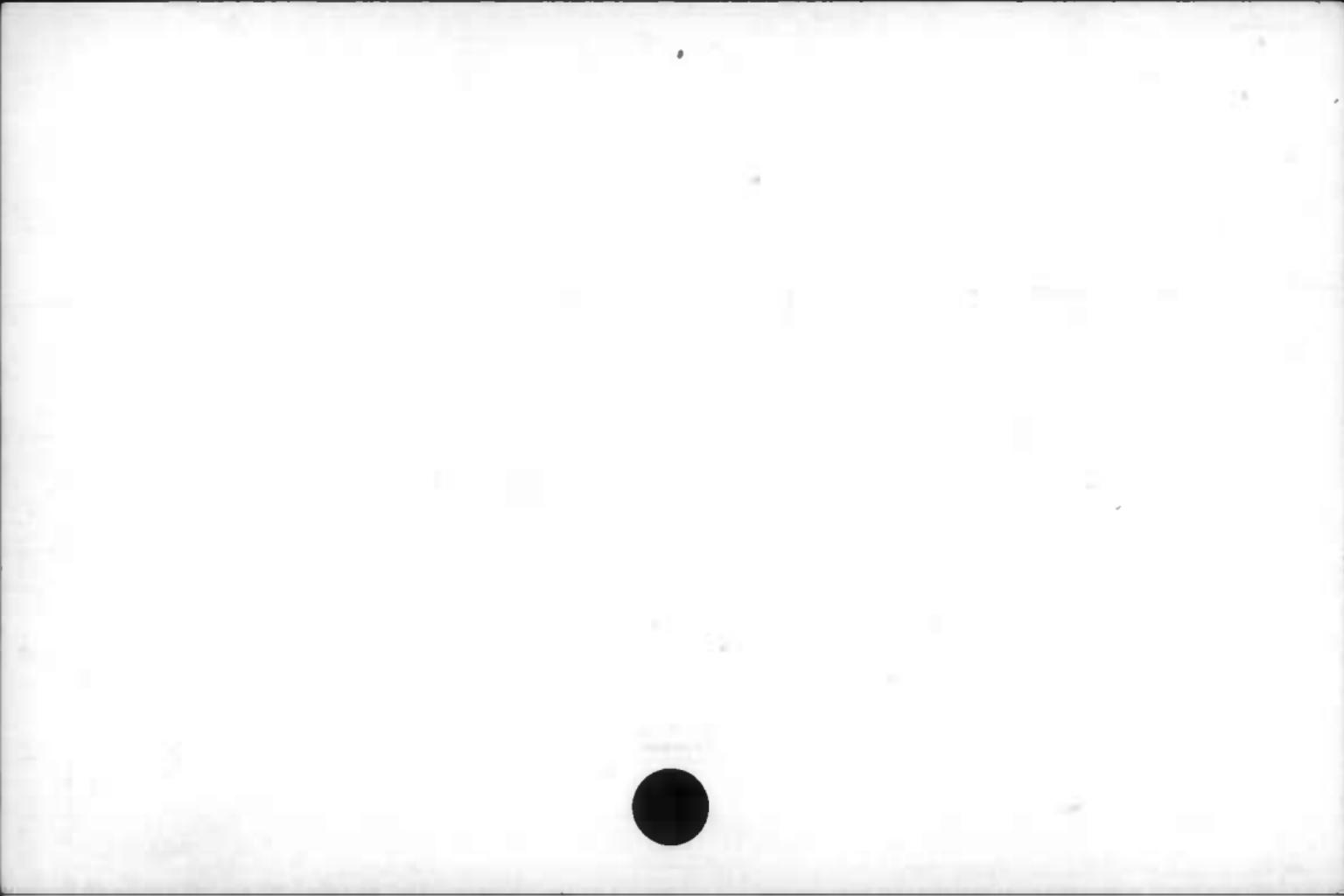
Are the name, ege, sex, color, date
and piece correctly given above?

Signature of
Physician

Address

C.W. Dickson
Berlin
Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frances Mills

168

CERTIFICATE OF DEATH

MARYLAND

Died at Baltimore City Worchester

Town

County

Date of death 1909 May 9

Month

Day

Years

Months

Days

Age 44

Sex Female

Color or Race

Colonist

Birth-place

Worster Co

Occupation

Domestic

Where Residing if not
at place of death

Baltimore City

Married, Single
or Widowed

Married

Name of Wife or
Husband

George Mills

Father's Birthplace

Worchester Co

Father's Name

George Lane

Mother's Maiden Name

Maryant Roach

Mother's Birthplace

Worchester Co

Name of person giving
Information

Geo Mills

How related
to deceased

Husband

CAUSES OF DEATH

143

Primary

Carbonic acid [on lumbar region]

How long

Two weeks

Immediate

Over exhaustion

How long

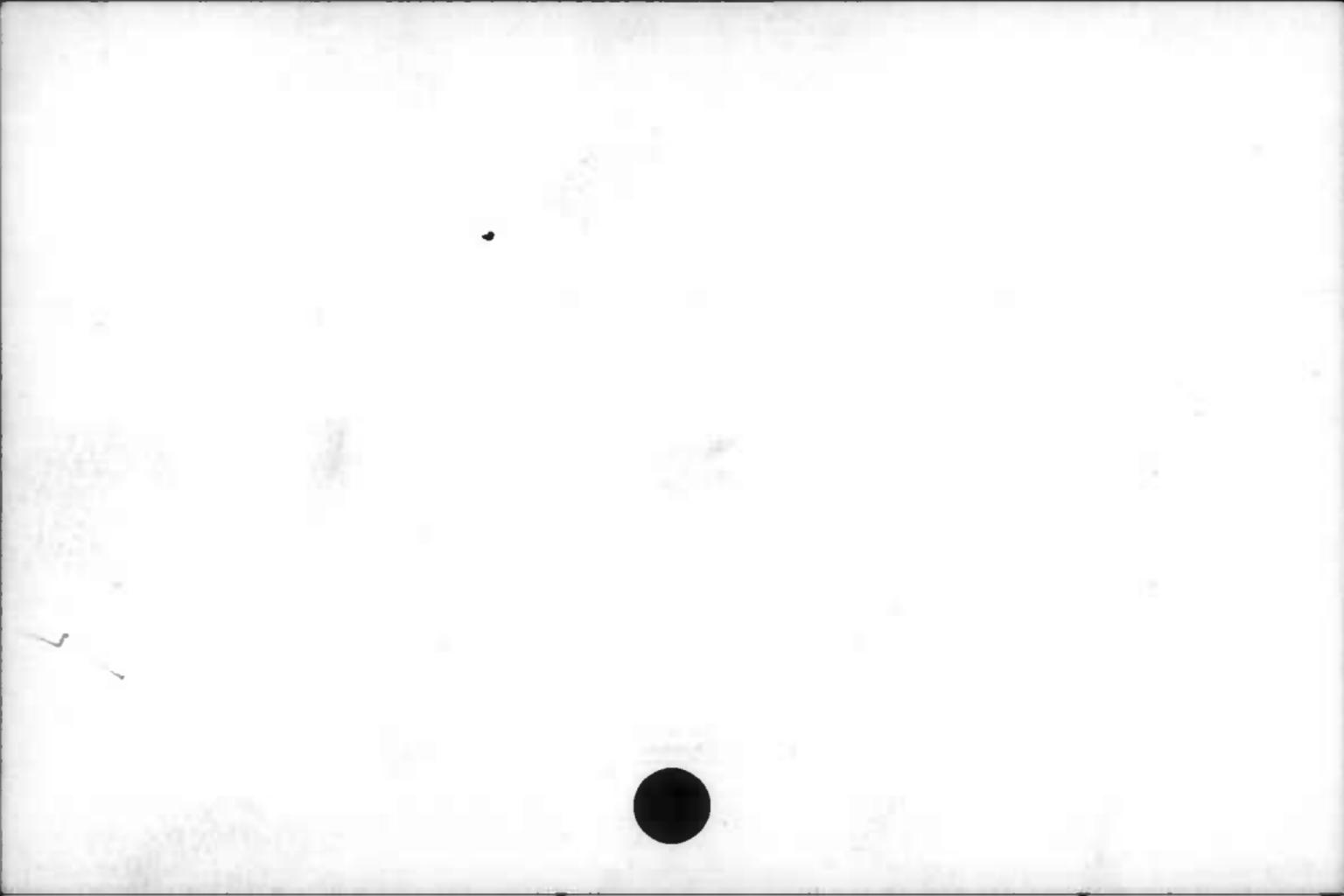
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Sam S. Gunn
Baltimore City

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

6-17-1910 Julian +

CERTIFICATE OF DEATH 666

Town	County	MARYLAND		
Died at	Poosukle	Worcester		
Date of death	Month	Day	Years	Months Days
1904	May	3	st.	Age 6
Sex	Female	Color or Race	Colored	Birthplace Poosukle
Occupation	<u>M</u>			

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Sondon Julian

Father's Birthplace

Poosukle

Mother's Maiden Name

Annie Danner

Mother's Birthplace

Worcester C

Name of person giving
Information

Sondon Julian

How related
to deceased

F. Athos

CAUSES OF DEATH

Primary

Acute Malaria

4

How long

1 week.

Immediate

Meningitis Central

How long

1 day.

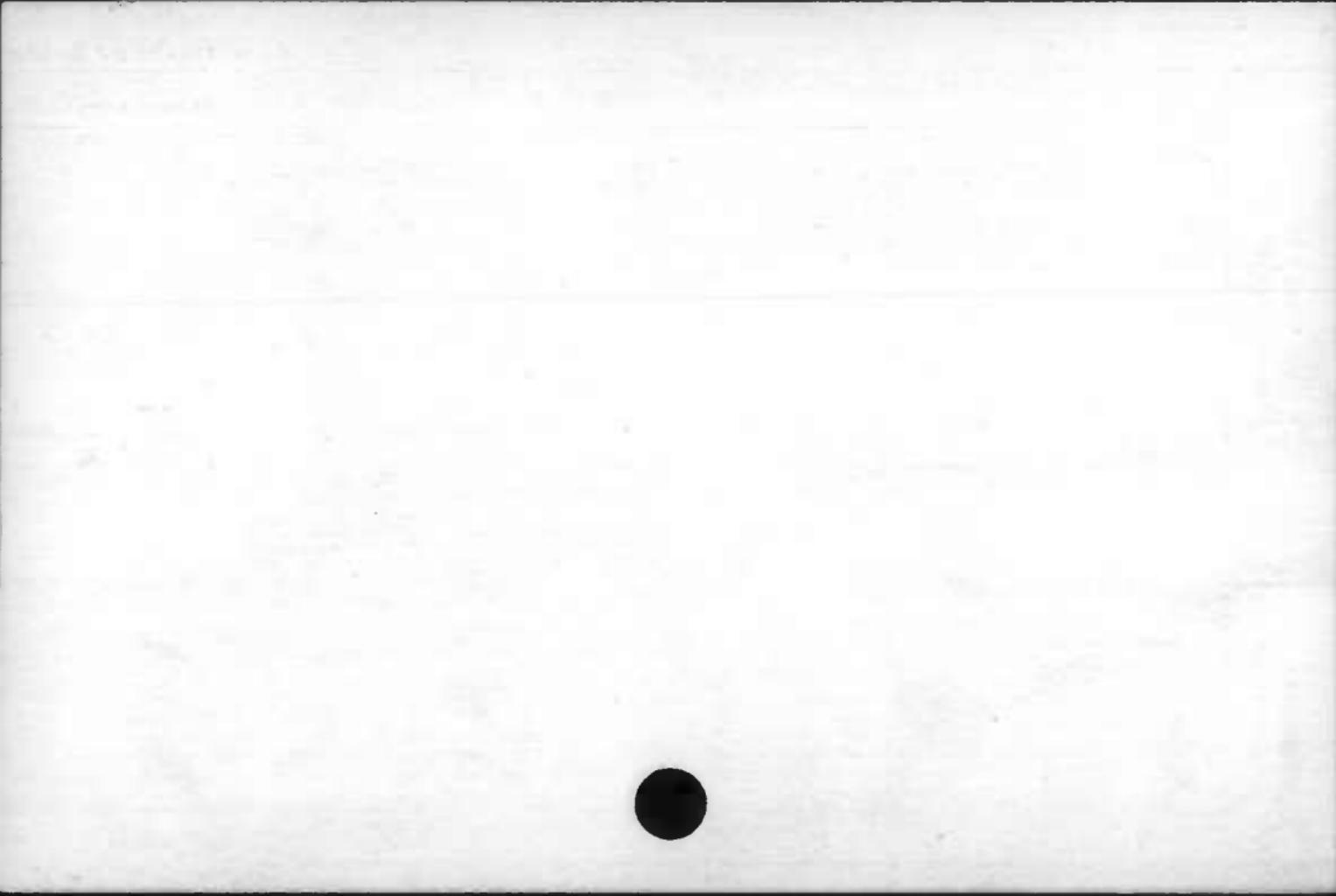
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

F. A. C. J.
Poosukle, Md.
Accidental

Accident or Suicide



Name
in
Full

Slice Born

Quinn

169.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1909	May	15	—
Age	Color or Race	Birth-place	Days
Sex	Calored	Pocomoke	—
Occupation	Where Residing if not at place of death	Pocomoke	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Howard Quinn	Father's Birthplace	Pocomoke
Mother's Maiden Name	Hattie Bonneville	Mother's Birthplace	Pocomoke
Name of person giving information	Harriet Long	How related to deceased	Midwife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Slice Born

8

Immediate

How long

How long

Are the name, age, sex, color, date and place correctly given above?

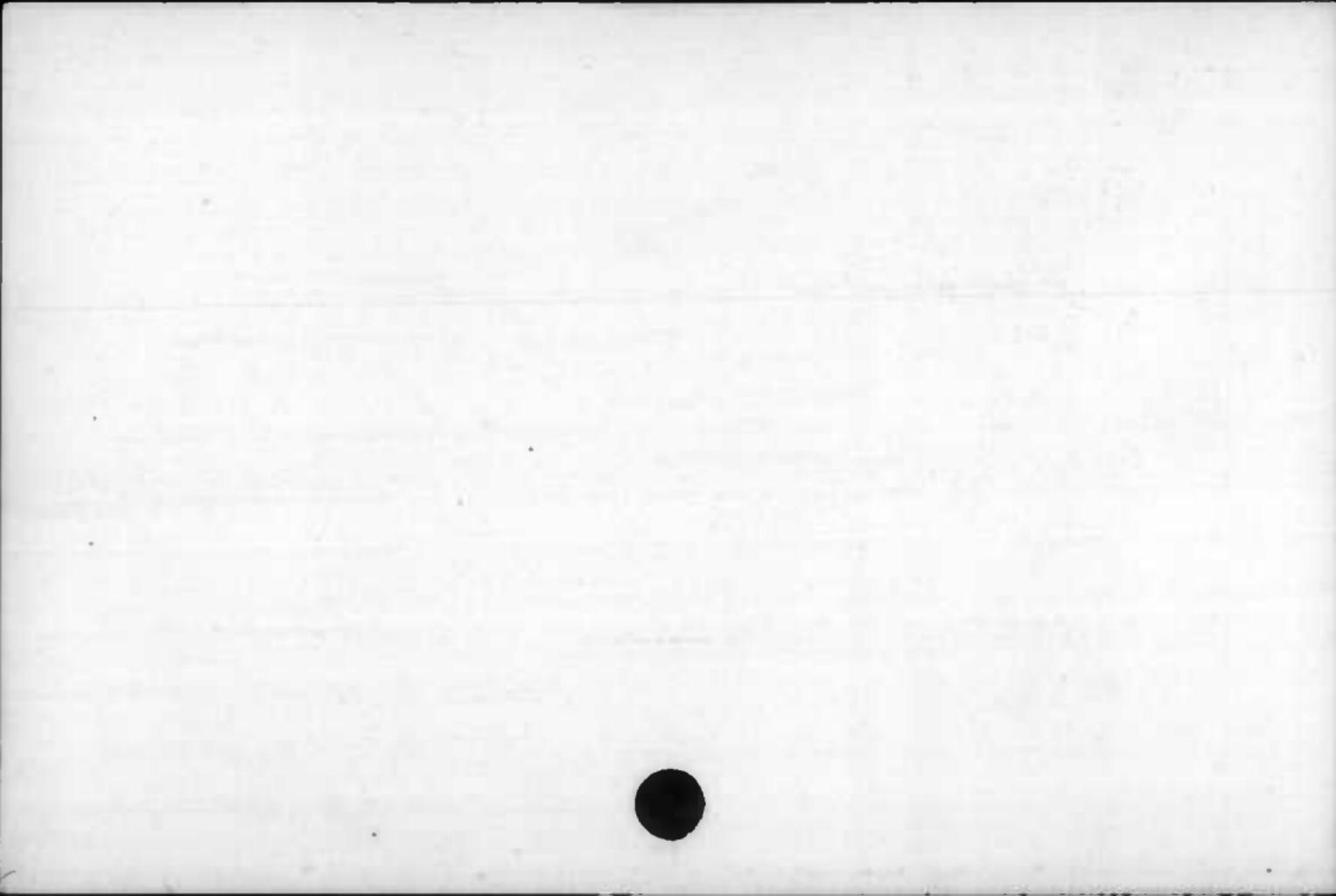
yes

Signature of Physician

Address

Ephraim Teller
Doctor of the Sec
aching Lane Reg

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Taylor
Town
Died at Near Keyser W. Va.

Date Month Day
of death 1909 May 30 Age 80

Sex Male Color or Race
Occupation Farmer

Where Reiding if not
at place of death

Married, Single
or Widowed

Father's Name

Mother's
Maidan Name

Name of person giving
Information

Name of Wife or
Husband

John Taylor

Unknown

R. T. Ward

CERTIFICATE OF DEATH

MARYLAND

Month Days

Birth-
place Unknown

Father's
Birthplace Unknown

Mother's
Birthpla

How related
to deceased

120

How long

Don't know

How long

Several weeks

Grace Pitts
Berlin, Maryland

CAUSES OF DEATH

Primary

Brights

Immediate

Brights

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide

